

PAGE	1	OF	1
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name of Payee Campaign Inbox		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>11 / 06 / 2020</div> </div>	
Mailing Address 601 New Jersey Ave NW Suite 400		Amount <div> <div>1750.00</div> </div>	
City Washington	State DC	Zip Code 20001	Transaction ID : SE.23646 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>11 / 06 / 2020</div> </div>
Purpose of Expenditure Email Communication (estimate)		Category/ Type	
Name of Federal Candidate LOEFFLER, KELLY, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Vice President District: _____ State: <u>GA</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div>1750.00</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Runoff

Full Name of Payee Campaign Inbox		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>11 / 06 / 2020</div> </div>	
Mailing Address 601 New Jersey Ave NW Suite 400		Amount <div> <div></div> <div>1750.00</div> </div>	
City	State	Zip Code	Transaction ID : SE.23647 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>11 / 06 / 2020</div> </div>
Washington	DC	20001	
Purpose of Expenditure Email Communication (estimate)		Category/ Type	
Name of Federal Candidate PERDUE, DAVID, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>GA</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>1750.00</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) SUBTOTAL of Itemized Independent Expenditures.....	3500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	3500.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date _____

Signature